

Hoosier Women Veterans Registry



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Date of Birth: ____ / ____ / ____ . Home of record at time of entry in to the armed forces: _____

Branch of Service (Circle one): USA USMC USN USAF ANG USCG
USAR USMCR USNR USAFR ARNG USCGR

Are you currently registered with Women in Military Service for America Memorial in Washington DC?

Yes: ____ No: ____

If you are not registered would you be interested in registering?

Yes: ____ No: ____

Service dates: _____

Receiving VA or Medical Benefits: Yes ____ No ____ If yes, what benefit: _____
(i.e. pension, comp., medical, etc.)

Have received benefits in the past: Yes: ____ No: ____

If yes, what benefit: _____

Would you like a County Veteran's Service Officer in your local area to contact you to explain your potential benefits? Yes: ____ No: ____ County: _____

Would you like to receive the quarterly newsletter from the Indiana Department of Veterans Affairs – IDVA Update – if so, please indicate whether you want it email or snail mail? _____

Please return this to:

Indiana Department of Veterans Affairs
Kris Bertrand State Service Officer/State Women Veterans Coordinator
302 West Washington Street RM E-120
Indianapolis, IN 46204
317-232-3921 (Office)
317-232-7721 (Fax)

Or you may send via email to: kabertrand@dva.in.gov